

EDUCATION AND TRAINING

THIS SECTION IS INTENDED TO GIVE US INFORMATION ABOUT YOUR EDUCATION, TRAINING SKILLS, KNOWLEDGE AND ABILITIES OF THE APPLICANT TO PERFORM THE JOB DUTIES OF THE POSITION.

HIGH SCHOOL ATTENDED _____

DID YOU GRADUATE? _____

COURSES PERTAINING TO JOB APPLYING FOR _____

PLEASE LIST HIGH SCHOOL ACTIVITIES, AWARDS, & ACHIEVEMENTS.

COLLEGE OR TRADE SCHOOL ATTENDED _____

DID YOU GRADUATE? _____ DEGREE _____

COURSES PERTAINING TO JOB APPLYING FOR _____

PLEASE LIST COLLEGE ACTIVITIES, AWARDS, & ACHIEVEMENTS.

EMPLOYMENT HISTORY AND WORK EXPERIENCE

IN THIS SECTION, LIST ALL EMPLOYMENT HISTORY AND WORK EXPERIENCE IN DUE ORDER, BEGIN WITH YOUR CURRENT EMPLOYER. USE ADDITIONAL PAPER IF NECESSARY. FAILURE TO INCLUDE ALL EMPLOYMENT MAY BE GROUNDS FOR DISQUALIFICATION.

CURRENT EMPLOYER _____

ADDRESS _____

PHONE NUMBER (INCLUDE AREA CODE) _____

DATES EMPLOYED _____ TO _____

JOB TITLE _____

SUPERVISOR'S NAME _____

BEGINNING SALARY _____ ENDING SALARY _____

DESCRIBE YOUR DUTIES & RESPONSIBILITIES _____

WHY DO YOU WANT TO LEAVE? _____

PREVIOUS EMPLOYER _____

ADDRESS _____

PHONE NUMBER (INCLUDE AREA CODE) _____

DATES EMPLOYED _____ TO _____

JOB TITLE _____

SUPERVISOR'S NAME _____

BEGINNING SALARY _____ ENDING SALARY _____

DESCRIBE YOUR DUTIES & RESPONSIBILITIES _____

WHY DID YOU LEAVE? _____

IF YOU NEED TO LIST ADDITIONAL PREVIOUS EMPLOYERS, PLEASE DO SO, ON THE BACK OF THIS SHEET OF PAPER.

DO YOU HAVE ANY CONFLICTS, OTHER COMMITMENTS OR VACATION PLANNED FOR THIS SUMMER? IF YES WHEN? _____ ARE YOU AVAILABLE COMMUNITY DAY? _____

DO YOU HAVE ANY CERTIFICATIONS SUCH AS CPR? _____ CAN YOU SWIM? _____

DO YOU HAVE ANY SPECIAL SKILLS OR TALENTS? _____

HAVE YOU DONE ANY VOLUNTEERING WITHIN THE LAST 12 MONTHS? IF YES, WHERE? _____

DO YOU HAVE CONCESSION STAND EXPERIENCE? _____ ARE YOU INTERESTED IN EVENING CONCESSION HOURS? _____ WHAT SIZE T-SHIRT DO YOU WEAR? _____

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING ONE OR MORE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING.

1. I UNDERSTAND AND ACCEPT THAT, IF I AM SELECTED FOR EMPLOYMENT, MY EMPLOYMENT MAY BE CONDITIONED UPON MY PASSING ANY MEDICAL/PSYCHOLOGICAL EXAMINATION THAT THE EMPLOYER DEEMS NECESSARY TO DETERMINE WHETHER I CAN PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION, WITH REASONABLE ACCOMMODATION WHEN NECESSARY. I UNDERSTAND AND ACCEPT THAT THIS MAY INCLUDE DRUG, ALCOHOL, OR SUBSTANCE ABUSE TESTING. INITIALS: _____
2. I UNDERSTAND AND ACCEPT THAT GIVEN THE DUTIES AND RESPONSIBILITIES OF THE EMPLOYER, I MAY BE REQUIRED TO WORK WEEKENDS, EVENING HOURS, OR OTHER TIMES AS DETERMINED BY THE EMPLOYER, INCLUDING OVERTIME HOURS. INITIALS: _____
3. I UNDERSTAND AND ACCEPT THAT IT MAY BE NECESSARY FOR ME TO SIGN ANY WAIVERS NECESSARY TO ALLOW THE EMPLOYER TO OBTAIN INFORMATION FROM MY CURRENT AND FORMER EMPLOYERS, SCHOOL AND PERSONAL REFERENCES. INITIALS: _____
4. I UNDERSTAND AND ACCEPT THAT IF ANY INFORMATION REQUIRED IN THE APPLICATION IS FOUND TO BE FALSIFIED OR INTENTIONALLY EXCLUDED, MY APPLICATION MAY BE DISQUALIFIED FROM FURTHER CONSIDERATION. I FURTHER UNDERSTAND AND ACCEPT THAT, IF I AM EMPLOYED BY THE EMPLOYER, I MAY BE SUBJECT TO DISCIPLINARY ACTION, INCLUDING TERMINATION, IF ANY INFORMATION REQUIRED BY THIS APPLICATION HAS BEEN FALSIFIED OR INTENTIONALLY EXCLUDED. INITIALS: _____

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYEE WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

APPLICANT'S SIGNATURE

DATE